

CITY OF BALTIMORE

STEPHANIE RAWLINGS-BLAKE, Mayor



HEALTH DEPARTMENT

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Good morning. Thank you to Lt Governor Boyd for convening this important taskforce, and for all the distinguished members for your service.

I'm Dr. Leana Wen, the Health Commissioner for Baltimore City. I'm here on behalf of Mayor Rawlings-Blake, who regrets that she cannot be in attendance today.

On behalf of the Mayor, I'd like to first welcome you to our City!

We are delighted that you have selected Baltimore as the location for your Central Maryland meeting. Unfortunately, heroin and opioid abuse have been problems in Baltimore City for generations. You cannot go to any family here that is not affected by the problems of drug abuse in some way.

Heroin and opioid abuse ties into the very fabric of our city. It is the underlying issue behind so many of our deepest problems: in poverty, crime, and homelessness.

I'm here today wearing multiple hats: as the health commissioner of our city, as the representative of the Mayor, as the Chair of BHSB (the city's behavioral health authority)—and also as an emergency physician who has diagnosed and treated hundreds of patients with heroin and opioid addiction. I'll never forget my patient Sherry, 24 yo, who became addicted to prescription pain killers after shoulder surgery. She turned to heroin because it was cheaper. She lost her fiancée, her children, her job, and her home. She battled depression. One day, I saw her one last time in the ER: she had overdosed on heroin, and this time, we could not resuscitate her.

Sherry, and so many of my other patients, have taught me three things:

- First, heroin and opioids are everywhere. In our city, we have an estimated 19,000 people who are using heroin; far more who have other addictions. That means the face of heroin isn't what one might expect. Sherry doesn't look like a heroin addict. She could be my sister, our friend, or our neighbor.
- Second, addiction is a disease. Just like diabetes, or high blood pressure, addiction is chronic. It is hard to fight. It requires multiple approaches—one would never say, your medicine for HTN didn't work, it's your fault, let's give up. It ties closely to other diseases—especially mental illness. And it can be and often is fatal.
- Third, we do not have adequate access to treatment for opioid abuse. Not even close. Nationwide, it is estimated that just 1 in 10 of those who need treatment for addiction are getting it. For what other illness would we accept this figure? (Cancer?) And it's not just a health issue. We also need to get people the treatment they need to get their lives back,

to get their homes back, to get their jobs and families back. Studies have shown that increasing treatment decreases crime, increases economic empowerment, and it is the right thing to do.

It is through this framework that last October, Mayor Rawlings-Blake announced her heroin prevention and treatment taskforce. Our goal is to provide actionable recommendations that are evidence-based and grounded in science; and that have full engagement with and participation of our community.

We are focusing three themes: preventing OD, ensuring access to quality rx, and improving neighborhood compatibility

Frame of OD important, because we want to put the focus squarely on saving people's lives. Last year, in our city, between Jan and Sept alone, 226 died from overdose. That's more than the number of people who died from homicide. What makes it so tragic is that these are preventable deaths. We know there is one medication—naloxone—that will completely, safely, effectively reverse the effects of opioid poisoning. I've used naloxone dozens of times; here in the City, through our Staying Alive program, we have been training our patients in the needle exchange program to use naloxone since 2004. It is a tragedy that we do not have naloxone available to everyone. We have defibrillators everywhere. That saves lives. This can save even more.

Part of our recommendations will focus on campaigns to save lives: education for providers to be more judicious about opioid prescription, and outreach to our community through mass campaign and through targeted peer recovery coaches. We have partnered with our police dept and are beginning trainings with officers. We are using geomapping to identify "hotspots" as areas of specific intervention. And our city has a new director of overdose prevention and treatment to bring together all our partners around this important effort.

But we know that naloxone is just part of the answer. It's the really downstream answer. And I've seen that you can't just give someone naloxone, save their life, and everything is fine. Ultimately, we need access to quality care. That is why our taskforce is focused on the second theme, of increasing access. We are developing a 24/7 crisis and referral line. We are closely working with our providers and state partners to find ways to increase capacity (while also ensuring that we take into account concerns with of our community.)

The Mayor's taskforce will produce its formal report in July, which we will be delighted to share with you. In the meantime, I would like to urge the Gov taskforce to consider the following 3 ideas:

First, we must decreased barriers to naloxone. House and Senate bills have passed to allow for standing orders and immunity for prescribers. Sign.

Second, much improved access in our jails. I chair our local OFR, and one trend is striking: every one of our patients who died from overdose go through jails. More than 73K out of 620K population go through central booking every year; over 40K, or 10% of the male population, go through BCDC. 8 of 10 used illegal substances in preceding 30 days; 4 out of 10 have diagnosed

mental illness. Why don't we use jail as the time to start treatment for addiction and for mental health? These are individuals most at risk, who need our help the most.

Third, consider a statewide public education campaign. NY has done this, VT, RI. Combat stigma, encourage access, and ultimately teach us to save each other's lives. All around us, there are people dying. If someone were bleeding on the street, if someone were having acute appendicitis, we would get them help immediately, without question. Let's make sure that opioid addiction is seen in the same light, and let's give our citizens their lives back.

On behalf of Mayor Rawlings-Blake, I'd like to say again that we're very glad that Gov Hogan, Lt Gov Boyd, and all of you have taken leadership on this issue. Baltimore has a long history of innovation in public health. We are not a city that takes a back seat to fighting difficult issues, and we are not taking a back seat to fighting opioid and heroin addiction.

I hope that as you continue to look into your statewide approach, that you will also look to lessons from decades of addressing heroin abuse in our city. Mayor Rawlings-Blake and I look forward to working closely with you to combat this important issue together.